

her from being about; in the severe ones there is great prostration accompanied with severe vomiting and lasting from twelve to eighteen hours. The pain is mostly in the temporal region, and is not preceded by an aura. The ordinary therapeutic measures, including the synthetic analgesics, are of but little service. Four years ago she had an attack of severe epigastric pain which came on unheralded and spontaneously, and unaccompanied by any other manifestations of gastric disturbances. At first it came every day, lasted a few hours and disappeared suddenly. No attributable cause could be found. The migraine never occurred during this time. After a few months the epigastric pains ceased and the migrainous pains recurred, then later yet their disappearance and a reappearance of the epigastric attacks. The writer considers the epigastric pains the equivalent of the migraine.

J. C.

Cerebral Sclerosis Following Influenza.—Rendu (*Sem. Med.*, December 26, 1894).

The author relates two cases which he has diagnosed as cerebral sclerosis, in which the appearance of the symptoms were consecutive to an attack of influenza. The first patient, a young man, had a transitory attack of hemiplegia while suffering from the grip, and after recovery from the latter, he remained quite well for about four months, when he began to complain of difficulty in walking and headache, which at first suggested cerebellar disease, but later was attributed to neurasthenia. These symptoms disappeared after a few months duration, and were followed by symptoms suggesting astasia abasia. These in turn lasted a few months and were followed by tremor of the hands and head, exaggeration of the knee-jerks and nystagmus, which the writer thinks points to a disseminated cerebral sclerosis. The second case related by the author occurred in a child who was taken with epileptic convulsions while suffering from post-grippal tonsillitis. The epileptiform attack was followed in turn by a left side hemiplegia, from which the child recovered with the usual remains of muscular atrophy and increased myotatic irritability. The writer believes that the latter case was one of localized encephalitis, which was followed by a localized sclerosis.

J. C.

Isolated Paræsthesia in the Distribution of the Nervus Cutaneus Femoris Externus.—Bernhardt (*Neurolog. Centrblt.*, March 15, 1895). The author first refers to a previous article, in which he pointed out the occurrence of a double sided degenerative neuritis of the ulnar nerve following on typhoid fever. In that article he said that he had seen not infrequently cutaneous paræsthesia in the region of ulnar distribution follow typhoid fever. He now says that since that time he has opportunity to verify this peculiar manifestation after typhoid, occurring in the distribution of the external cutaneous nerve of the thigh. He gives the history of a military physician, who had for many years complained of abnormal sensations on the outer side of the left thigh. This did not hinder him very much in ordinary walking, but it was so troublesome in long marches that he sought discharge from service. In his youth the patient had typhoid fever, and since then, the paræsthesia. Several other cases are referred to, and in conclusion the author states that all his cases have been in men of middle life who have complained of abnormal sensations, almost always a feeling of numbness, in the anterior and outer surface of the thighs. Sensations which are increased, especially by long marching and by pressure such as that of a scabbard on the involved region. Spontaneous pain when the patient is quiet, such, for instance, as frequently occurs in neuralgic conditions, is not complained of. Motility in the affected leg remains unaltered. Occasionally an accompanying condition is a slight disturbance of the functions of the bladder and rectum. The objective disturbances of sensibility are very slight, and the author has never found a true anæsthesia. Besides typhoid as a causative condition of this paræsthesia, other factors, such as lead poisoning, application of cold, such as

douches after excessive heating, etc., may be found. The writer has not found that the paræsthesia responds to treatment, except to be ameliorated.

J. C.

Nervous Complications Caused by Muco-Membranous Enteritis.—(*Gazette des Hôpitaux*, Jan. 29, 1895.) M. Cantru, in "Medecine Moderne," states that in cases of epilepsy, chorea, or other grave nervous manifestations of which the cause remains undetermined, especially when no neuropathic heredity exists, we should look to the intestine for the existence of muco-membranous enteritis. If this condition be found, it should be considered the cause rather than the effect of the nervous complication. In such cases it becomes especially important to avoid the employment of the bromides, for when taken by the stomach they not only fail to cure the complications, but rather keep up the malady by their irritating action on the mucous membrane of the intestine. This observation is a very just one, and does not in any way compromise the justifiable reputation of bromide of potassium in the treatment of epilepsy.

FREEMAN.

PSYCHOLOGICAL.

The Influence of Alcohol on Sexual Perversions, Epilepsy, and other Psychical Anomalies.—Aug. Forel (*Deutsche Med. Wochenschr.*, Dec. 27, 1894), calls attention to the fact that the inordinate use of alcoholic beverages not only leads to the development of the ordinary alcoholic psychosis, especially delirium tremens, but it also plays a prominent rôle in psycho-pathology in two different ways: Firstly, the hereditary, pathological predisposition of certain persons is such that they cannot indulge in alcohol moderately, but become dipsomaniacs at once, if they do not abstain all their lives. Secondly, alcoholic intoxication either stimulates or develops directly any latent psycho-pathological germs that might otherwise have remained latent. In the current casuistic of sexual perversions the principal factors enumerated are congenital and acquired dispositions, acquired nervous or mental disorders, and, in some cases, bad habits. There is no mention of alcohol as a causative factor. F. observed cases in which the use—or abuse—of alcohol was a most prominent feature, and enumerates divers illustrative histories. It is an established fact that epileptics stand alcohol very badly, and when intoxicated are especially dangerous. There is also an alcoholic epilepsy, the subjects having fits only when intoxicated. F. also alludes to the "pathological" intoxications, followed by amnesia, and concludes that nearly every psychosis is aggravated by the use of alcohol. Other psychoses, which are either caused or kept up by alcohol are, for instance, alcoholic mania, melancholia, pseudo-paralysis, incurable secondary dementia, acute and chronic hallucinatory folly, etc. F. observed many cases cured by abstinence, and considers indulgence one of the greatest obstacles in the radical cure of morpho-mania. He had always observed that the excitement of the insane in asylums was always greater after entertainments at which wine or beer were served. At Bûrgholzli, of which F. is director, alcoholic beverages have been substituted by milk and lemonade. He commends following the example of the London asylums and that of Krapeln, in Heidelberg, by prohibiting the use of alcoholics.

MACALESTER.

Multiple Paralysis of the Cranial Nerves Caused by Syphilis.—Jacobson (*Centralblatt für innere Medicin*, March 2, 1895.) A man, aged twenty-nine, began to cough three months after the appearance of a hard chancre. Three months later, signs of cavities were discovered in the lungs, and the patient began to expectorate freely a greenish sputa, which, however, contained no bacilli. After about four weeks trigeminal neuralgia and double facial paralysis appeared, which